

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000061110

Entity Name: PASTEUR PHARMACY II, LLC

Current Principal Place of Business:

5900 N.W. 183RD STREET
MIAMI GARDENS, FL 33015

Current Mailing Address:

PASTEUR PHARMACY
8000 GOVERNORS SQUARE BLVD STE 201
MIAMI LAKES, FL 33016

FEI Number: 27-2844265

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARTHET, PATRICK
200 S. BISCAYNE BLVD., SUITE 1800
MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name NECUZE, GERARDO A
Address 8000 GOVERNORS SQUARE BLVD
STE 201
City-State-Zip: MIAMI LAKES FL 33016

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GERARDO NECUZE

PRESIDENT

03/11/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date